CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

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STATEMENT OF ECONOMIC, INTERESTS COVER PAGE OHHISSION

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(LAST)

Molina Gloria 1. Office, Agency, or Court Agency Name Board of Supervisors Division, Board, Department, District, if applicable Your Position First District ▶ If filing for multiple positions, list below or on an attachment. Agency: Board of Supervisors Member 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of Los Angeles ☐ Multi-County ____ City of ___ Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2011, through December 31, 2011. O The period covered is January 1, 2011, through the date of The period covered is ______, through leaving office. December 31, 2011. O The period covered is _____/____, through Assuming Office: Date assumed _____/____ the date of leaving office. Office sought, if different than Part 1: ____ Candidate: Election Year ____ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: ___ Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is a I certify under penalty of perjury under the laws of the State of California that t 2/23/12 Date Signed ... Signature

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Gloria Molina

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Disney Corp	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Entertainment Company	
FAIR MARKET VALUE	FAIR MARKET VALUE
※ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock ☐ Other	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Lowes	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retailer	
FAIR MARKET VALUE	FAIR MARKET VALUE
× \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ◯ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_11//_11	<u>, , 11 , 11 </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Microsoft	P TOWNE OF BOOMESO ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Software Company	
FAIR MARKET VALUE	FAIR MARKET VALUE
★ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INDECTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 11 , , 11	/ / 11 / / 11
ACQUIRED DISPOSED	ACQUIRED DISPOSED
,	, oddines sidi odes
Comments	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Gloria Molina	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Peopleworks	
Name 523 S. 6th Street, #1234, L.A. CA 90014	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☐ Sole Proprietorship	NATURE OF INVESTMENT Sole Proprietorship Partnership
YOUR BUSINESS POSITION Spouse's Corporation	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
	\$0 - \$499 \$10,001 - \$100,000
Ston - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
☐ \$1,001 - \$10,000	
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
U.S. Dept. of Health & Human Services	
L.A. Community College District	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
	•
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Pusiness Astirity or	Description of Business Astivity at
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\Bigcirc\$ \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000/11/11
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Yrs. remaining Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Gloria Molina

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS			
1117 Pacific Avenue, #83	467 Canyon Vista Drive			
CITY	CITY			
Manhattan Beach, CA	Los Angeles, CA 90065			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement			
Leasehold Other	Leasehold Other			
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED			
☐ \$0 - \$499 ☐ \$500 - \$1,000 ※ \$1,001 - \$10,000	\$0 - \$499			
S10,001 - \$100,000 OVER \$100,000	▼ \$10,001 - \$100,000 □ OVER \$100,000			
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.			
	Jeff Manak			
	<u> </u>			
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*			
ADDRESS (Partinger Address Associable)	ADDRESS (Business Address Acceptable)			
ADDRESS (Business Address Acceptable)	ADDITESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER			
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)			
%	%			
LIIGUIGOT BALANCE DUDING DEDCOTING DEDICO	LICUIEST DAI ANCE DI IDINO DEPOSTINO DEDICO			
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,000			
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000			
Guarantor, if applicable	Guarantor, if applicable			
Comments:				

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Gloria Molina

NAME OF SOURCE	Æ		▶ NAME OF SOURC	E	
Tournament	of Roses				
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)		
	range Grove, P				,
	TY, IF ANY, OF SOL		BUSINESS ACTIVI	TY. IF ANY, OF S	SOURCE
	.,			,	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 , 1 , 11	\$180.00	Parade Tickets		\$	
·	\$			\$	
	\$	·		\$	
NAME OF SOURC	E		► NAME OF SOURCE		
	onic Associatio	nn		_	
	ss Address Acceptab		ADDRESS (Busines	s Address Accer	ofable)
•	Avenue, Los A	•	, (Busines		
	TY, IF ANY, OF SOU		BUSINESS ACTIVIT	TV IE ANV OE S	OURCE
BOSINESS ACTIVI	11, IF AN1, OF 300	NOL	BOSINESS ACTIVIT	11, IF AN1, OF 3	BOOKCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 17 / 11</u>	\$255.00	Concert Ticket		\$	· .
9 / 27 / 11	\$ <u>165.00</u>	Concert Ticket		\$	
	\$			\$	
NAME OF SOURC	E		► NAME OF SOURCE		
Center Theatr	re Group				
	ss Address Acceptab	le)	ADDRESS (Busines	s Address Accep	otable)
135 N. Grand	Avenue, Los A	Angeles, CA			
	TY, IF ANY, OF SOU		BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 11 / 11	\$ 240.00	Theatre Tickets		\$	-
	\$			\$	
	\$			\$	···